

Ophthalmic Literature

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Vol. VII.

APRIL, 1917.

No. 4.

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PRICE FIVE DOLLARS PER YEAR, IN ADVANCE

Published Monthly by EDWARD JACKSON, 318 Majestic Building,
Denver, Colorado, U. S. A.

Entered as second-class matter November 6, 1912, at the Postoffice at
Denver, Colorado, under the Act of March 3, 1879.

AMERICAN MEDICAL ASSOCIATION.

Section on Ophthalmology.

At the New York meeting, June 4th to 8th, there will be no session of the Section on Tuesday afternoon as in former years. But both Monday and Tuesday will be devoted to clinical work. The Committee in charge of this work in Ophthalmology is composed of: Drs. John E. Weeks, Chairman; Arnold Knapp, Secretary; Earle Conner, Coleman W. Cutler, A. E. Davis, R. C. Denig, Charles H. May, Charles B. Meding, William Simmons, Alfred Strouse, and Frank Van Fleet.

The arrangements made are as follows:

Monday Afternoon, June 4th.

- Brooklyn Eye and Ear Hospital, 1 p. m., Clinics and Operations, Drs. Jameson, Ingalls, Ohly, Snyder, Bailey, and Reynolds.
New York Eye and Ear Infirmary, 1 p. m. Clinics, Drs. Callan, Reese and Lambert.
Bellevue Hospital, 1:30 p. m., Operations, Drs. Wheeler, May and Wolff.
Post-Graduate Hospital, 1 p. m. Clinics, Drs. Davis and Alger.
Harlem Eye and Ear Infirmary, 2 p. m., Clinic, Dr. Meding.
Herman Knapp Memorial Eye Hospital, 2 p. m. Muscular Cases and Operations, Drs. Duane, Tieck and Knapp.
Manhattan Eye and Ear Infirmary, 1 p. m. Clinics, Drs. Wootton, Webster and Giles. 2 p. m., Laboratory Demonstration, Drs. Dwyer and Law.
New York Children's Hospital, Randall's Island, East 125th St. Ferry, 2 p. m. Clinic, Dr. Cohen.
Polyclinic Hospital, 2 p. m. Clinic, Dr. Conner.
City Hospital, East 53rd St. (boats on the hour and half-hour), 2:30 p. m. Dr. Strouse, Clinics.
Eastern District Hospital, 2:30 p. m. Clinic, Dr. Deely.

Tuesday Morning, June 5th.

- City Hospital, 9 a. m. Clinic, Dr. Wiesner.
Manhattan Eye, Ear, and Throat Hospital, 9 a. m. Demonstrations.
Herman Knapp Memorial Eye Hospital, 9:30 a. m. Operations, Drs. Török, Wardner, and Schoenberg.
Post-Graduate Hospital, 10 a. m. Laboratory Teaching, Dr. Cohen.
New York Eye and Ear Infirmary, 10:30 a. m. Localization of Foreign Bodies, Dr. Dixon.

Tuesday Afternoon, June 5th.

- Brooklyn Eye and Ear Hospital, 1 p. m. Laboratories and Clinics, Drs. Wright, North, Meyer, Wood, Wall, Simmons, Ohly, and Mausert.
Manhattan Eye and Ear Hospital, 1 p. m. Clinics, Drs. Van Fleet and Emerson. 2 p. m., Demonstrations.
New York Eye and Ear Infirmary, 1 p. m. Clinics, Drs. Bell, Weeks, and Shine.
Post-Graduate Hospital, 1 p. m. Rare Cases, Dr. Uribe-Troncoso. 3 p. m., Clinic, Dr. Cohen.
Long Island College Hospital, 1 p. m. Clinics, Drs. Smith, Rogers, and Behen.
Bellevue Hospital, 1:30 p. m. Operations.
Mt. Sinai Hospital, 1:30 p. m. Operations, Drs. May and Koller.
Harlem Eye, Ear, and Throat Hospital, 2 p. m. Clinic.
Herman Knapp Memorial Eye Hospital, 2 p. m. Operations, Dr. Schirmer.
Polyclinic Hospital, 2 p. m. Clinics, Dr. Conner.

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Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE JOURNAL CAMPAIGN.

The appeal and opportunity placed a few days ago before nearly six thousand American doctors of medicine who are practicing ophthalmology more or less as a specialty is having results. The returns received in five days include over five hundred subscriptions to the proposed journal, and in addition to these others conditional on the lower price that could be fixed if a certain number of subscriptions were received.

Whatever other outcome there is, the campaign has been educational. It has taught much to those who have taken an active part in it. It has directed a good deal of thought to the importance of our literature, its cost and its value, and along what lines it may be greatly improved. To some the idea of paying fifteen dollars a year for a journal that will help one to do better work and earn a better living seems simply astounding, and some striking errors and misconceptions are coming to the surface.

Several have written letters based on the assumption that all existing ophthalmic journals are successful money-making concerns, and that the proposition presented was to form a great "trust" and take the "bread out of the mouths" of those dependent on the various existing journals for their living. This is all in blissful ignorance of the fact that every existing American ophthalmic journal has entailed outlay for which it has never made any return, except the good it has done the profession at large and the community. Some have assumed that the whole undertaking must be a failure unless every existing journal could be absorbed, and a strict monopoly of ophthalmic literature could be established and maintained; an idea that has never been entertained by those who are seeking to cooperate for the purpose of establishing a journal that shall be, in some respects and as a whole, distinctly better than any that has preceded it.

But these erroneous views and twisted conceptions are so far from being the rule that they only serve to emphasize the fact that there are in America many hundreds of wide-awake, interested ophthalmologists who are fully prepared to cooperate for the improvement of their literary tools. It now looks more probable than ever before that with the beginning of another year there will be established in America a new ophthalmic journal that will be a better journal than any now existing; and something more.

SOCIETY MEETINGS.

We give below a calendar of what are, from the standpoint of our readers, the most important ophthalmological meetings of the current year. So far as we know no meeting of the Société française d'Oph-

talmologie will be held. The Heidelberg Congress was held last year, after having been omitted for two years. Whether it will be held this year we do not know. Curiously the first account of its last year's transactions reached us through the French journal, the *Annales d'Oculistique*:

Ophthalmological Society of the United Kingdom, London, May 3d, 4th and 5th.

American Ophthalmological Society, Hot Springs, Virginia, May 29th and 30th.

Section on Ophthalmology, American Medical Association, New York, June 4th to 8th. (See second page of cover.)

Section on Ophthalmology, Royal Society of Medicine, London, June 13th.

Pacific Coast Oto-Ophthalmological Society, Spokane, Washington, June 18th and 19th.

Oxford Ophthalmological Congress, Oxford, England, July 12th and 13th.

Colorado Ophthalmological Congress, Denver, Colorado, August 9th and 10th.

American Academy of Ophthalmology and Oto-Laryngology, Pittsburgh, Pennsylvania, October 29th, 30th, and 31st.

AN ENDOWED CHAIR OF OPHTHALMOLOGY.

We learn from the *LANCET* that the late Dr. Gavin Paterson Tennent left £25,000 to the University of Glasgow to establish a department and found a Chair of Ophthalmology in that University. The salary of the professor has been fixed at £500 a year, probably the largest salary paid for teaching this branch anywhere in the world. This professor has for his duty to "apply himself to the promotion of higher study in ophthalmology and to the advancement of knowledge by means of scientific observation and research." The opportunity must be attractive to anyone really interested in the subject, and it is to be hoped that the right man may be drawn to the position, wherever he may be found. It is also to be hoped that the example will be followed in other medical centers.

BOOK NOTICES.

Prentice, Charles F., New York. *Ophthalmic Lenses and Prisms*. 174 pages, 4 pl., 128 illustrations. Chicago, Cleveland Press. 1917.

This neat volume, printed on good paper, illustrates what we have said regarding some of the larger articles in the American Encyclopedia of Ophthalmology; that they are really monographs which, printed separately, would be given a high place in the literature of ophthalmology. This is a complimentary edition of its author's article on the subject, reprinted from volume ten of the encyclopedia. The illustrations are all original, and a reproduction of a photograph of the author is added as a frontispiece.

We have previously indicated the scope of this work (*Ophthalmic Literature*, v. 7, p. 26.) Among the optical problems of special interest to ophthalmologists here worked out, we find magnification of images, equivalent lenses, vertex refraction, neutralization, decentration, ocu-

lar aberration and bifocal lenses. These have received little or no attention in most works on optics. With these are more abstruse problems, including that of the figurative chiasmal image and the cyclopean eye. The work in this convenient form will be of value to those who obtain it, and will serve to direct attention to this important treatise as contained within the Encyclopedia.

Transactions of the College of Physicians of Philadelphia, Third Series, Volume 38. 8vo. 410 pages. Illustrated. Printed for the College.

This volume includes with the general transactions of the College the **Proceedings of the Section on Ophthalmology**, which occupy fifty-one pages. These proceedings are sent out after each meeting, and published from time to time in various ophthalmic journals. Here they are brought together and constitute a very creditable showing for a year's work. Two illustrations are included.

Index of Ophthalmology

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Schreiber, L. Visual Disturbances from Internal Use of Optochin. (Graefe's Archiv für Ophthalmologie, Volume 91, Page 305.)

A doctor aged fifty-four years, who was ill with croupous pneumonia, received in the course of four days four doses of 0.3 gm. each of quinine hydrochloride, fourteen doses of 0.25 gm. each of optochin hydrochloride, and from the fourth day one tablet of digipuratum three times a day. In the night of the fifth to the sixth day of the illness bilateral amaurosis developed, which gradually disappeared after eight to ten hours. The visual acuity soon became normal again, but after a further two months the patient complained of cloudy vision and dazzling, and after a further seven months night blindness was dem-

onstrable both subjectively and objectively. There was no optic atrophy, although a narrowing of the blood vessels is recorded.

In a woman of fifty-seven years bilateral blindness of seven hours' duration developed after the administration of a total amount of 1.75 gm. of optochin in the course of thirty hours. The late effects in this case included hemeralopia, atrophy of the optic nerve, and narrowing of the retinal vessels, with good visual acuity and concentrically narrowed visual fields.

In the third case the patient, a woman with croupous pneumonia, became deaf and blind after receiving a total dosage of two grammes of optochin in the course of thirty hours. The deafness disappeared completely after one day, and the blindness began to recede after three or four days, but left behind it a marked optic atrophy with contracted blood vessels. The visual acuity returned to normal, but the visual fields showed permanently a marked concentric contraction, and the light sense was diminished.

Seidel. Local Anesthesia for Resection of External Orbital Wall. (Krönlein Operation). (Graefé's Archiv für Ophthalmologie, Volume 91, Part 2.)

The skin having been disinfected with tincture of iodine, infiltration anesthesia is done with about six ccm. of one per cent novocain adrenalin solution. The injection needle is then inserted at the upper outer angle of the orbit, and about five ccm. of a four per cent solution of both drugs one after the other are injected into the anterior, middle, and lower third of the inferior orbital fissure. Six ccm. of the one per cent solution are then injected on the posterior surface of the front-sphenoidal process of the malar bone, and finally the needle is carried from the lower orbital fissure to the lower outer angle of the orbit to a depth of from three to four cm., and three ccm. of the two per cent solution are injected. After resection of the bone, about two ccm. of the two per cent solution must be injected around the optic nerve near the apex of the orbit. The procedure, which is said to be without danger and technically easy, affords both marked freedom from bleeding and complete analgesia.

Zeeman and Tumbeleka. Central and Peripheral Visual System of Congenitally Blind Cat. (Graefé's Archiv für Ophthalmologie, Volume 91, Part 2.)

The changes described include particularly a marked diminution in size of the visual cortex, and the presence of the so-called von Gudden's commissure. The congenital blindness of the animal was regarded as being due to a disturbance of the development of the retina in the first weeks of embryonic life, with the later addition of a bilateral retinal detachment. Both optic nerves were missing.

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